` n:	HCFA-PM-91- 1991	(E	PD)		ATTACHMENT 2.2-A Page 1 OMB NO.: 0938-
	- STAT	TE PLAN	UNDE	ER TITLE XIX OF THE SOCIAL	SECURITY ACT
	State: <u>Co</u>	lorado	·		
	GROUPS COVER	RED AND	AGE	NCIES RESPONSIBLE FOR ELIG	IBILITY DETERMINATION
Agency*	Citation(s)			Groups Covered	
The follow	ing groups are	cover	ed ur	nder this plan.	
	А			/ Coverage - Categorically Special Groups	Needy and Other
42 CFR	2 435.110	1.	Recip	ients of AFDC	
			The a	pproved State AFDC plan in	cludes:
	,		<u>/X</u> /		oyed parent for the mandatory 6- ional extension of months.
	•		<u>/X/</u>	Pregnant women with no o	other eligible children.
			<u>/X/</u>	AFDC children age 18 who secondary school or in t vocational or technical	
		:	The s	tandards for AFDC payments <u>HMENT 2.6-A</u> .	are listed in Supplement 1 of
42 CFR	435.115	2.	Deeme	d Recipients of AFDC	
				ndividuals denied a title ne amount would be less th	IV-A cash payment solely because an \$10.
*Agency tha Services.	at determines	eligib	ility	ofor coverage are Colorado	County Departments of Social
	92-2		Aŗ	oproval Date 6/11/92	Effective Date10/1/91
Supersedes TN No					
					HCFA ID: 7983E

on:	HCFA-PM-91-
	1991

(BPD)

ATTACHMENT 2.2-A Page 2 OMB NO.: 0938-

State:Colorado

Citation(s)

Groups Covered

- A. <u>Mandatory Coverage Categorically Needy and Other</u> <u>Required Special Groups</u> (Continued)
 - 2. Deemed Recipients of AFDC.

1902(a)(10)(A)(i)(I)
of the Act

b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act.

402(a)(22)(A)
of the Act

Agency*

c. Individuals whose AFDC payments are reduced to zero reason of recovery of overpayment of AFDC funds.

and lsc_(a)(10)(A) (i)(I) of the Act d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.

1902(a) of the Act e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.

*Agency that determines eligibility for coverage are Colorado County Departments of Social Services.

TN No	92-2	Approval Date 6/11/92	Effective Date	10/1/91
Supersedes	S		-	
TN No	90-11			

HCFA ID: 7983E

7 'on: HCFA-PM-91- 1991		ATTACHMENT 2.2-A Page 2a OMB NO.: 0938-
State: <u>C</u>	Colorado	
Agency* Citation(s)		Groups Covered
		rage - Categorically Needy and Other al Groups (Continued)
407(b), 1902	3. Qualified F	Family Members
(a)(10)(A)(i) and 1905(m)(1) of the Act	who would b	October 1, 1990, qualified family members be eligible to receive AFDC under section 407 because the principal wage earner is unemployed.
	ass	lified family members are not included because cash istance payments may be made to families with mployed parents for 12 months per calendar year.
1902(a)(52) and 1925 of the Act	of employme to twelve m	erminated from AFDC solely because of earnings, hours ent, or loss of earned income disregards entitled up months of extended benefits in accordance with 25 of the Act. (This provision expires on September
		•
*Agency that determine	s eligibility for	coverage. PolorAdo lounty Dept of Social Service
TN No. $\frac{92 \cdot 2}{\text{Supersedes}}$ NEW		1 Date 6 11 92 Effective Date 10/1/4/

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	State:	Colorado			——————————————————————————————————————	
lgency*	Citation(s)		Groups Co	overed		
			ory Coverage - Cate ed Special Groups		edy and Other	
12 CFR 435	.113	5. Individuolis	duals who are inel	igible for AF[DC solely because of cifically prohibited (under
		a.	Families denied A deemed to be avai		cause of income and r	esources
				ldren under a	legally liable for s State law of general	
			(2) Grandparen	ıts;		
			(3) Legal guar	rdians; and		
	•				rs (who are not spous ndividual's parent);	es of
		b.		ings who have	cause of the involunt income and resources	
		С.			he family transferred quate compensation.	a
					•	
*Agency th	at determin	es eligibil	ity for coverage.	<i>.</i>	ounty Dept. d Soci	
				1 1		
TN No. Supersedes		-	Approval Date <u></u>	2/11/72	Effective Date <u>10</u>)/1/91
TN No	88-1	_			HOEA	ID. 7002F
					HLFA	ID: 7983E

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State 	: <u>Colorad</u>	0		· 	
Agency* Citation(s)			Groups Covered		
	A. <u>Mar</u> Rec	ndatory Co quired Spe	verage - Categorically Ne cial Groups (Continued)	eedy and Other	
42 CFR 435.114	6.	increase who were	als who would be eligible in OASDI benefits under entitled to OASDI in Aug g cash assistance in Augu	Pub. L. 92-336 (July 1, 1972) ust 1972, and who were	,
		a	ssistance but had not app	I have been eligible for cash blied in August 1972 (this State's August 1972 plan).	
		a i	ssistance in August 1972	te care facility (this group	
•			ot applicable with respec acilities; State did or d	t to intermediate care loes not cover this service.	
1902(a)(10)	7.	Qualifie	d Pregnant Women and Chil	dren.	
(A)(i)(III) and 1905(n) of the Act			gnant woman whose pregnamely verified who	ncy has been	
		(1)	Would be eligible for child had been born an	an AFDC cash payment if the d was living with her;	
				•	
*Agency that determin	nes elig	ibility fo	r coverage. Colo County Deo	Lot Social Services	_
TN No. 92-2 Supersedes TN No. 87-5		Appro	val Date 6 11 92	Effective Date <u>10/1/91</u>	
				HCFA ID: 798	

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STATE PLAN HINDER TITLE YEY OF THE SOCIAL SECHBETY ACT

Jin	LL LLIM ON	DER TITLE XIX OF THE BOOTAL BEOKITT ACT
States	:	COLORADO
	COVERAGE	AND CONDITIONS OF ELIGIBILITY
Citation(s)		Groups Covered
	Α.	Required Special Groups (Continued)
		7. a. (2) Is a member of a family that would be eligible for aid to families with dependen children of unemployed parents if the Stat- had an AFDC-unemployed parents program; or
		(3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
1902(a)(10)(A) (i)(III) and 1905(n) of the Act		b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
		Children born after
		(specify optional earlier date) who are under age 19 and who would be eligible for an AFDC cash payment on th basis of the income and resource requirements of the State's approved AFDC plan.

Agency that determines eligibility for coverage: Colorado County Department of Social Services.

TN No. 93-015		1 1			
Supersedes	Approval Date	10/13/93	Effective Date	1-1-93	
TN No. 92-14		7.7			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:		CC	LORADO		·	
		COVERAGE	AND	CONDITIONS	OF	ELIGIBILITY	
Citation(s)				Gr	oups Covered	

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(A) (i)(IV) and 1902(1)(1)(A) and (B) of the Act

- 8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(i)(IV) and 1902(1)(1)(A) and (B) of the Act. The income level for this group is specified in <u>Supplement 1 to ATTACHMENT 2.6-A.</u>
 - The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.
- 9. Children:
- 1902(a)(10)(A)
 (i)(VI)
 and not a
 1902(1)(1)(C)
 incomes a
 federal p
- 1902(a)(10)(A)(i) (VII) and 1902(1) (1)(D) of the Act
- a. who have attained 1 year of age but have and not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.
- b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

Income levels for these groups are specified in Supplement 1 to ATTACHMENT 2.6A.

Agency that determines eligibility for coverage: Colorsdo County Department of Social Services.

TN No. 93-015		. / /			_
Supersedes TN No. 9)-/4	Approval Date	_/0//3/93	Effective Date	1-1-93	
TN No. 93-14			•		

FEBRUARY 1992

ATTACHMENT 2.2-A Page 5

State:	CC	LORADO
	COVERAGE AND	CONDITIONS OF ELIGIBILITY
Citation(s)		Groups Covered
	A. Man	datory Coverage - Categorically Needy and Other uired Special Groups (Continued)
1902(a)(10) (A)(i)(V) and 1905(m) of the Act	10.	Individuals other than qualified pregnant women and children under item A.7. above who are members of a family that would be receiving AFDC under section 407 of the Act if the State had not exercised the option under section 407(b)(2)(B)(i) of the Act to limit the number months for which a family may receive AFDC.
1902(e)(5) of the Act	11.	a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid und the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medica assistance under the plan for a 60-day peri (beginning on the last day of her pregnancy and for any remaining days in the month in which the 60th day falls.
1902(e)(6) of the Act		b. A pregnant woman who would otherwise lose eligibility because of an increase in incom (of the family in which she is a member) during the pregnancy or the postpartum peri which extends through the end of the month which the 60-day period (beginning on the last day of pregnancy) ends.
	,	
		nes eligibility for coverage: Colorado . E Social Services.

Revision: HCFA-PM-92-1 (MB)

FEBRUARY 1992

ATTACHMENT 2.2-A Page 6

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	COLORADO

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(e)(4) of the Act 12. A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.

42 CFR 435.120

13. Aged, Blind and Disabled Individuals Receiving Cash Assistance

____ a. Individuals receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

Aged
Blind
Disabled

*AGENCY THAT DETERMINES ELIGIBILITY FOR COVERAGE: COLORADO COUNTY DEPARTMENT OF SOCIAL SERVICES.

TN No. 93-013
Supersedes Approval Date /0/3/93 Effective Date 1-1-93

. . .

1991 State: <u>Co</u>	olorado	Page 6a OMB NO.: 0938-
gency* Citation(s)		Groups Covered
,	A. <u>Mandatory Cove</u> <u>Required Speci</u>	erage - Categorically Needy and Other al Groups (Continued)
435.121 1619(b)(1) of the Act	13. <u>/</u> b.	Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)
,		Aged Blind Disabled
•		The more restrictive categorical eligibility criteria are described below:
Agency that determines	eliaibility for	• cial criteria are described in <u>ATTACHMENT 2.6-A</u>). coverage.
myeney that determines	Cole	Department of Social Services -County

Approval Date

sion: HCFA-PM-91-

TN No.

Supersedes TN No. 92-2

(BPD)

Effective Date 10/1/91

ATTACHMENT 2.2-A